

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047325

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 7

STATE FILE NUMBER

FILED JAN 8 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN INDEPENDENCE

Length of stay in lb
47 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY
OR
TOWN INDEPENDENCE

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 9418 E. 24 Highway

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
9418 E. 24 Highway

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First
SAMUEL

Middle
CLIFFORD

Last
HARRINGTON

4. DATE
OF
DEATH

Month
Day
Year
DECEMBER 31, 1962

5. SEX
MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
10-20-1875

9. AGE (last birthday)
87

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
RETIRED CUSTODIAN

10b. KIND OF BUSINESS OR INDUSTRY
MT. WASHINGTON LODGE ALLIANCE, OHIO

11. BIRTHPLACE (City and state or country)
U.S.A.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

NATHANIEL HARRINGTON

13b. MOTHER'S MAIDEN NAME

SRRAH BELLE UNKEFER

14. NAME OF HUSBAND OR WIFE

RUBY LEE HARRINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.
NO

17. INFORMANT
Address
Ruby Lee Harrington, 9418 E. 24 Hi-Way, Indep.

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her
him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)
BURIAL

23b. DATE

1-3-1963

23c. NAME OF CEMETERY OR CREMATORY

MOUNT MORIAH CEMETERY

23d. LOCATION (City, town, or county)

KANSAS CITY, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

1-2-63

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

2

VS 300

Rev. 4/59

17005

27005

3

4 0

5 1

6

7 1

8 2

94200

10

11

12 70-3

13 1-0

JAN 18 1963

1-2-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Independence mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.